

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036297

5023

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

**FILED SEP 27 1963**

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Registrar J. Wilson MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>6 1/2 wks</u>	c. CITY OR TOWN <u>Leawood</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Lukes Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2528 W 90th STREET</u>
3. NAME OF DECEASED (Type or print) First <u>Laura</u> Middle <u>J.</u> Last <u>McDermott</u>		4. DATE OF DEATH Month <u>9</u> Day <u>12</u> Year <u>63</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-31-76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>VOLUNTEER NURSE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RED CROSS</u>	11. BIRTHPLACE (City and state or country) <u>FINLAND</u>
13a. FATHER'S NAME <u>Hans Jensen</u>		13b. MOTHER'S MAIDEN NAME <u>Lehmann Jensen</u>	14. NAME OF HUSBAND OR WIFE <u>Frank J.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. INFORMANT Name <u>MRS MARGARET J. RRE</u> Address <u>2528 WEST 90th ST. LEAWOOD KANSAS</u>	
18. CAUSE OF DEATH (Enter only one cause per line for terminal disease) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma bowels</u> DUE TO (b) <u>liver etc</u> DUE TO (c) <u>jaundice</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>12:32 P</u> Month <u>9</u> Day <u>12</u> Year <u>63</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Longstanding arteriosclerosis</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>9/12/63</u>	
21. I attended the deceased from <u>7/27/63</u> to <u>9/12/63</u> and last saw her alive on <u>9/12/63</u>		22c. DATE SIGNED <u>9/12/63</u>	
22a. SIGNATURE <u>Hester J. Wilson MD</u>		22b. ADDRESS <u>411 Nichols Road</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>SEPT. 14, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>		23d. LOCATION (City, town, or county) <u>KANSAS CITY MISSOURI</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u>		25. DATE RECD. BY LOCAL REG. <u>9-13-63</u>	
26. REGISTRAR'S SIGNATURE <u>Beasie Smith</u>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

TOPHOF-100

Dr. Martin J. Wilson  
233 Plaza Santa Rely - 4011 Washington Road  
2:00-5:00 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Dean W. Huff*

Licensed Embalmer No.

*4914*

P. O. Address

*Indy, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.